

**National Institutes of Health
Clinical Center Nursing Department**

**COMPETENCY VALIDATION RECORD
CODE BLUE**

Please print your legal name

LAST NAME	FIRST NAME	UNIT OR SERVICE	DATE COMPLETED
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I certify that the above individuals competently perform their role according to the Emergency Response Competency.

Signed _____
Unit Instructor

Signed _____
Nurse Manager

Forward to Service Chief's Office for ANSOS entry.